

# PROJECT DATA FORM

Request for<sup>1</sup>:

- One-time funding** (1 payment)
- Ongoing assistance** (several instalments)

## Nature of Project

Name of Project:

Place (Country, Region, Town/City):

Objective:

Sum requested (EUR):

## Project representative in the ESLs (= project sponsor)<sup>2</sup>

Name:

First Name:

Telephone:

E-mail Address:

Connection to the ESLs:

With which ASF activities have you helped?

## Banking details<sup>3</sup>

(Complete either box 1 or box 2)

**1**

BIC:

IBAN:

Name of account holder:

Address of account holder:

Communication (reason for payment):

**OR**

**2**

*For an account in a country that does not use the IBAN system*

SWIFT:

Account n°:

Name of account holder:

Address of account holder:

Name and address of bank:

Communication (reason for payment):

**Other organisations from whom funding has also been requested:**



By signing this information sheet, the sponsor undertakes to monitor the project throughout its implementation and to participate in at least 3 activities organised by *Actions Sans Frontières* within the European Schools in Luxembourg during the next school year.

Date and Signature:

1 Ticking one of the two boxes below is **mandatory**.

2 The sponsor must be at least 16 years old. Projects submitted by minors must be accompanied by the contact details of a responsible adult (parent or teacher).

3 Banking details must refer to the account of the requesting association and not to a personal bank account. When submitting your project funding application together with this information sheet, please also provide us with the **Certificate of Banking Details** for the account you indicate on this Project Data Form.